

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                              | 10571069  |                 |               |                             |
| <b>Filing Date:</b>                                     | 07-Dec-2006   |                 |               |                             |
| <b>Title of Invention:</b>                              | Therapeutic agent and therapeutic method for periodontal diseases and pulpal diseases |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b>             | Hidemi Kurihara   |                 |               |                             |
| <b>Filer:</b>   | Susan W. Gorman./Alison Lalonde   |                 |               |                             |
| <b>Attorney Docket Number:</b>                          | 0230-0245PUS1   |                 |               |                             |
| Filed as Small Entity                                   |   |                 |               |                             |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |                 |               |                             |
| <b>Description</b>                                      | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                                    |   |                 |               |                             |
| <b>Pages:</b>   |   |                 |               |                             |
| <b>Claims:</b>  |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                            |   |                 |               |                             |
| <b>Petition:</b>  |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>                 |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>                |   |                 |               |                             |
| <b>Extension-of-Time:</b>                               |   |                 |               |                             |
| Extension - 2 months with \$0 paid                      | 2252  | 1               | 245           | 245                         |

| Description       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-------------------|----------|----------|--------|----------------------|
| Miscellaneous:    |          |          |        |                      |
| Total in USD (\$) |          |          |        | 245                  |